



Practitioner's Docket No. U-011415-0

GALI 1641 \$  
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6/13/00

PATENT  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John WALKER, et al

Serial No.: 08/913,430

Group No.: 1641

Filed: September 12, 1997

Examiner: R. Swartz

For: ANTIGEN COMPOSITION AGAINST MYCOPLASMA

Assistant Commissioner for Patents  
Washington, DC 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

- ☐ a small entity. A statement:
- ☐ is attached.
- ☐ was already filed.
- ☒ other than a small entity.

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CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Date: May 24, 2000

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

CLIFFORD J. MASS

(Type or print name of person certifying)

05/31/2000 BHABTEW 00000002 08913430

01 FC:117

870.00 OP

(Amendment Transmittal—page 1)



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**TRANSMITTAL OF SUBSTITUTE SPECIFICATION (37 C.F.R. 1.125)**

*NOTE: A substitute specification, excluding the claims, may be filed at any point up to payment of the issue fee if it is accompanied by items indicated below. See 37 CFR 1.125(b).*

1. Enclosed is a substitute specification for the originally filed specification in this application.

*NOTE: The substitute specification must be submitted in clean form without markings as to amended material. 37 CFR 1.125(c).*

2. *(complete the following applicable item)*

☒ This substitute specification is submitted in response to a requirement by the Examiner.

**OR**

☐ This substitute specification is being voluntarily submitted, in order to facilitate the processing of the application.

3. Also enclosed is a marked-up copy of the substitute specification showing the matter being added

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Signature

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*(Type or print name of person certifying)*

(Transmittal of Substitute Specification—page 1 of 2) 9-27

to and the matter being deleted from the specification.

4. Accompanying this transmittal is a statement, as required by 37 CFR 1.125, that the substitute specification transmitted herewith contains no new matter.



SIGNATURE OF PRACTITIONER

CLIFFORD J. MASS

*(Type or print name of practitioner)*

Reg. No. 30,086

Tel. No.: (212) 708-1890

P.O. Address  
c/o Ladas & Parry  
26 West 61 Street  
New York, NY 10023

Customer No.:

## EXTENSION OF TERM

**NOTE:** "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

*If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).*

**NOTE:** See 37 CFR 1.645 for extensions of time in interference proceedings, and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

*(complete (a) or (b), as applicable)*

- (a) ☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)(1)-(4)) for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 380.00	\$ 190.00
<input checked="" type="checkbox"/>	three months	\$ 870.00	\$ 435.00
<input type="checkbox"/>	four months	\$ 1,360.00	\$ 680.00

Fee: \$870.00

If an additional extension of time is required, please consider this a petition therefor.

*(check and complete the next item, if applicable)*

- ☐ An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

**OR**

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate  Addit. Fee	Rate  Addit. Fee
Total	* Minus	**	=	x \$11 = \$	x \$22 = \$	
Indep.	* Minus	***	=	x \$41 = \$	x \$82 = \$	
<input type="checkbox"/> First Presentation of Multiple Dependent Claim				+ \$135 = \$	+ \$270 = \$	
				Total Addit. Fee \$	OR Total Addit. Fee \$	

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 CFR 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) ☐ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$.

## FEE PAYMENT

5. ☒ Attached is a check in the sum of \$870.00.  
☐ Charge Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_.  
 A duplicate of this transmittal is attached.

## FEE DEFICIENCY

**NOTE:** If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

**AND/OR**

☒ If any additional fee for claims is required, charge Account No. 12-0425.

Reg. No. 30,086

Tel. No. (212) 708-1890

Customer No.



SIGNATURE OF PRACTITIONER

CLIFFORD J. MASS

*(Type or print name of practitioner)*

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